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Amendments to the Claims

Please amend claims 1-10, 15 and 19 as indicated in the listing of claims.

Please cancel claim 22 without prejudice or disclaimer.

Please add new claims 23-25.

Claims 18, 20 and 21 and claims 11-14 were previously withdrawn or cancelled, respectively.

The listing of claims will replace all prior versions, and listings of claims in the application.

Listing of Claims:

1. (Currently Amended) A method for accelerating the rate of mucociliary clearance in a subject in need thereof, comprising administering to the subject an effective mucociliary clearance stimulatory amount of a composition comprising a human Kunitz-type serine protease inhibitor and a physiologically acceptable carrier, wherein the human Kunitz-type serine protease inhibitor is SEQ ID NO:8selected from the group consisting of:

MAQLCGL RRSRAFLALL GSLLLSGVLA 1	,
	0-
YLTKEECLKK CATVTENATG DLATSRNAAD SSVPSAPRRQ DSEDHSSDMF 10)0
NYEEYCTANA VTGPCRASFP RWYFDVERNS CNNFIYGGCR GNKNSYRSEE 15	:0
ACMLRCFRQQ ENPPLPLGSK VVVLAGLFVM VLILFLGASM VYLIRVARRN 20)0
QERALRTVWS SGDDKEQLVK NTYVL 22	15
(SEQ ID NO::49); ₃	
AGSFLAWL GSLLLSGVLA 1	
ADRERSIHDF CLVSKVVGRC RASMPRWWYN VTDGSCQLFV YGGCDGNSNN 5	0
YLTKEECLKK CATVTENATG DLATSRNAAD SSVPSAPRRQ DSEDHSSDMF 10)0
NYEEYCTANA VTGPCRASFP RWYFDVERNS CNNFIYGGCR GNKNSYRSEE 15	;0
ACMLRCFRQQ ENPPLPLGSK VVVLAGAVS 17	19
(SEQ ID NO.:2);	
ADRERSIHDF CLVSKVVGRC RASMPRWWYN VTDGSCQLFV YGGCDGNSNN 50	θ
YLTKEECLKK CATVTENATG DLATSRNAAD SSVPSAPRRQ DSEDHSSDMF 10)0
NYEEYCTANA VTGPCRASFP RWYFDVERNS CNNFIYGGCR GNKNSYRSEE 15	:0
ACMLRCFRQQ ENPPLPLGSK VVVLAGLFVM VLILFLGASM VYLIRVARRN 20)0
QERALRTVWS SGDDKEQLVK NTYVL 22	<u>!5</u>
(SEQ ID NO::45); ₃	
MAQLCGL RRSRAFLALL GSLLLSGVLA 1	

Patent In re Application of: Attv. Docket No.: AERO1120-1 Hall et al. Application No.: 09/441,966 Filed: November 17, 1999 Page 3 ADRERSIHDF CLVSKVVGRC RASMPRWWYN VTDGSCQLFVYGGCDGNSNN 100 YLTKEECLKK CATVTENATG DLATSRNAAD SSVPSAPRRO DSEDHSSDMF 150 NYEEYCTANA VTGPCRASFP RWYFDVERNS CNNFIYGGCR GNKNSYRSEE ACMLRCFROO ENPPLPLGSK VVVLAGLFVM VLILFLGASM VYLIRVARRN 200 **OERALRTVWS FGD** 213 (SEQ ID NO.:47);; ADRERSHIDF CLVSKVVGRC RASMPRWWYN VTDGSCOLFV YGGCDGNSNN YLTKEECLKK CATVTENATG DLATSRNAAD SSVPSAPRRQ DSEDHSSDMF-100 150 NYEEYCTANA VTGPCRASFP RWYFDVERNS CNNFIYGGCR GNKNSYRSEE ACMLRCFRQQ ENPPLPLGSK VVVLAGLFVM VLILFLGASM VYLIRVARRN 200 225 OERALRTVWS SGDDKEOLVK NTYVL (SEQ ID-NO::71); ADRERSHIDE CLVSKVVGRC RASMPRWWYN VTDGSCQLEV YGGCDGNSNN 100 YLTKEECLKK CATVTENATG DLATSRNAAD SSVPSAPRRO DSEDHSSDMF NYEEYCTANA VTGPCRASFP RWYFDVERNS CNNFIYGGCR GNKNSYRSEE 150 ACMLRCFROO ENPPLPLGSK VVVLAGLFVM VLILFLGASM VYLIRVARRN 200 213 **OERALRTVWS FGD** (SEQ ID NO.:70);; IHDF CLVSKVVGRC RASMPRWWYN VTDGSCQLFV YGGCDGNSNN YLTKEECLKK CATV 64 (SEO ID NO.:4);; CLVSKVVGRC RASMPRWWYN VTDGSCOLFV YGGCDGNSNN YLTKEECLKK C (SEO ID NO.:5);; YEFYCTANA VTGPCRASFP RWYFDVERNS CNNFIYGGCR GNKNSYRSEE 150 **ACMLRCFRO** 159 (SEQ ID NO::6);; CTANA VTGPCRASFP RWYFDVERNS CNNFIYGGCR GNKNSYRSEE 150 ACMLRC-156 (SEQ ID NO.:7); IHDF CLVSKVVGRC RASMPRWWYN VTDGSCOLFV YGGCDGNSNN -50 YLTKEECLKK CATVTENATG DLATSRNAAD SSVPSAPRRO DSEDHSSDMF

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NYEEYCTANA VTGPCRASFP RWYFDVERNS CNNFIYGGCR GNKNSYRSEE ACMLRCFRQ	-150 -159
(SEQ ID NO.:3); ₃	10)
CLVSKVVGRC RASMPRWWYN VTDGSCQLFV YGGCDGNSNN	50
YLTKEECLKK CATVTENATG DLATSRNAAD SSVPSAPRRQ DSEDHSSDMF	100
NYEEYCTANA VTGPCRASFP RWYFDVERNS CNNFIYGGCR GNKNSYRSEE ACMLRC	-150 -156
(SEQ ID NO.:50);	-150
ADRERSIHDF CLVSKVVGRC RASMPRWWYN VTDGSCQLFV YGGCDGNSNN	50
YLTKEECLKK CATVTENATG DLATSRNAAD SSVPSAPRRQ DSEDHSSDMF	-100
NYEEYCTANA VTGPCRASFP RWYFDVERNS CNNFIYGGCR GNKNSYRSEE	-150
ACMLRCFRQQ ENPPLPLGSK VVVLAGAVS	- 179
(SEQ ID NO.:1);	
ADRERSIHDF CLVSKVVGRC RASMPRWWYN VTDGSCQLFV YGGCDGNSNN	50
YLTKEECLKK CATVTENATG DLATSRNAAD SSVPSAPRRQ DSEDHSSDMF	-100
NYEEYCTANA VTGPCRASFP RWYFDVERNS CNNFIYGGCR GNKNSYRSEE	-150
ACMLRCFRQQ ENPPLPLGSK	-170
(SEQ ID NO.:52);, and	
ADRERSIHDF CLVSKVVGRC RASMPRWWYN VTDGSCQLFV YGGCDGNSNN	-50
YLTKEECLKK CATVTENATG DLATSRNAAD SSVPSAPRRQ DS	-92
(SEQ ID NO.:8),	

thereby accelerating the rate of mucociliary clearance.

- 2. (Currently amended) The method according to claim 1 or 22, wherein the composition is administered to the lung airways.
- 3. (Currently amended) The method according to claim 1 or 22, wherein said composition is administered directly by aerosolization.

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4. (Currently amended) The method according to claim 1 or 22, wherein said composition is administered directly as an aerosol suspension solution into the subject's respiratory tract.

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- 5. (Currently amended) The method according to claim 4, wherein said aerosol suspension solution includes respirable particles ranging in size from about 1 to about 10 microns.
- 6. (Currently amended) The method according to claim 4, wherein said aerosol suspension solution includes respirable particles ranging in size from about 1 to about 5 microns.
- 7. (Currently amended) The method according to claim 4, wherein said aerosol suspension solution is delivered to said subject by a pressure driven nebulizer or administered as dry powder.
- 8. (Currently amended) The method according to claim 4, wherein said aerosol suspension solution is delivered to said subject by an ultrasonic nebulizer.
- 9. (Currently amended) The method according to claim 4, wherein said aerosol suspension solution is delivered to said subject by a non-toxic propellant.
- 10. (Currently amended) The method to claim 1 or 22, wherein said carrier is a member selected from the group consisting of a physiologically buffered solution, an isotonic saline, normal saline, and combinations thereof.

11-14. (Canceled).

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15. (Currently amended) The method according to claim 1 or 22, wherein the human Kunitz-type serine protease inhibitor is

- 16. (Previously presented) The method according to claim 1 or 15, wherein the human Kunitz-type serine protease inhibitor is glycosylated.
- 17. (Previously presented) The method according to claim 1 or 15, wherein the human Kunitz-type serine protease inhibitor contains at least one intra-chain cysteine-cysteine disulfide bond.
- 18. (Withdrawn) The method according to claim 1, wherein the Kunitz-type serine protease inhibitor contains at least one intra-chain cysteine-cysteine disulfide bond selected from the cysteine-cysteine paired groups consisting of CYS11-CYS61, CYS20-CYS44, CYS36-CYS57, CYS106-CYS156, CYS115-CYS139, and CYS131-CYS152 for any of SEQ ID NO.: 49, SEQ ID NO.: 2, SEQ ID NO.: 45, SEQ ID NO.: 47, SEQ ID NO.: 71, SEQ ID NO.: 70, SEQ ID NO.: 3, SEQ ID NO.: 50, SEQ ID NO.: 1, and SEQ ID NO.: 52, wherein the cysteine residues are numbered according to the amino acid sequence of SEQ ID NO.: 52.
- 19. (Currently amended) The method of claim 1 or 22, wherein the human Kunitz-type serine protease inhibitor contains at least one intra-chain cysteine-cysteine disulfide bond selected from the cysteine-cysteine paired groups consisting of CYS11-CYS61, CYS20-CYS44, CYS36-CYS57, for any of SEQ ID NO.: 4, SEQ ID NO.: 5, and SEQ ID NO.: 8, wherein the cysteine residues are numbered according to the amino acid sequence of SEQ ID NO.: 52.

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20. (Withdrawn) The method according to claim 1, wherein the Kunitz-type serine protease inhibitor contains at least one intra-chain cysteine-cysteine disulfide bond selected from the cysteine-cysteine paired groups consisting of CYS106-CYS156, CYS115-CYS139, and CYS131-CYS152 for any of SEQ ID NO.: 6, and SEQ ID NO.: 7, wherein the cysteine residues are numbered according to the amino acid sequence of SEQ ID NO.: 52.

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- 21. (Withdrawn) The method according to claim 1, wherein the human Kunitz-type serine protease inhibitor contains at least one intra-chain cysteine-cysteine disulfide bond selected from the cysteine-cysteine paired groups consisting of CYS11-CYS61, CYS20-CYS44, CYS36-CYS57, wherein the cysteine residues are numbered according to the amino acid sequence of SEQ ID NO.: 52.
 - 22. (Canceled).
- 23. (New) The method of claim 1, wherein the Kunitz-type serine protease inhibitor inhibits sodium channels.
 - 24. (New) The method of claim 23, wherein the channel is an epithelial sodium channel.
- 25. (New) The method of claim 1, wherein Kunitz-type serine protease increases tracheal mucus velocity (TMV) in the subject.